



# Application for Credit

Return via fax to 305-748-4365

**Company Name:** \_\_\_\_\_ **Federal Tax ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_  
**Business Structure:** \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship

### Name and Address if Owners, Partners, or Corporate Officers

Name	Title	Address	City, State, Zip

**Special Billing Instructions:** \_\_\_\_\_

### Carrier References

Company	City, State	Telephone No.	Fax No.

### Trade References

Company	City, State	Telephone No.	Fax No.

### Bank Reference

**Bank:** \_\_\_\_\_ **Branch:** \_\_\_\_\_ **Account:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

### Signature & Authorization

- I understand the following and will abide by your company's regulations and rules tariff GLDF-300
1. Notify Gold Coast Freightways, Inc. of any changes in ownership of our company.
  2. If granted credit, our company agrees to pay all freight charges within agreed upon credit terms, and if these terms are not met all applicable discounts will be removed and full class rates will be applied. Late charges of 1.5% per month will be applied to balances not paid within 30 days of the invoice date. See Item 436 of GLDF-300
  3. It is agreed our account will become "Driver Collect" at time of pickup or delivery if we fail to pay invoices within above stated terms.
  4. Our company's financial condition is satisfactory and we can meet all financial obligations.
  5. There are no lawsuits or judgments against us at this present time. If our company defaults on payment of any outstanding VALID freight charges, we agree to pay attorney and/or collection expenses.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE SIGNED BY A PARTNER OR OFFICER ONLY**